

EAST LONGMEADOW PUBLIC SCHOOLS



Superintendent's Office
180 Maple Street
East Longmeadow, MA 01028
(413) 525-5450

www.eastlongmeadowma.gov

APPLICATION FOR SCHOOL EMPLOYMENT

(TO BE COMPLETED PRIOR TO OR AT THE TIME OF INTERVIEW)

IT IS THE POLICY OF THE EAST LONGMEADOW PUBLIC SCHOOLS TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENETIC INFORMATION, MILITARY SERVICE, AGE, ANCESTRY OR DISABILITY. EQUAL EMPLOYMENT OPPORTUNITY SHALL RESPECTFULLY BE MADE AVAILABLE IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAWS.

NAME: _____

DATE OF APPLICATION: _____

POSITION YOU ARE APPLYING FOR: _____

SOCIAL SECURITY # (optional): _____

IMPORTANT

Instructions for completing application form:

1. All applicants must:

- * Type or print clearly in black or blue ink.
- * Provide a current résumé.
- * Answer all sections that apply to the position desired fully and accurately, even though some information may be repeated on a résumé.
- * Three letters of recommendation (one preferably from an individual you are presently working with).
- * Read certification and releases carefully before signing.
- * Return completed application to:

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2. For Teaching positions include:

- * Evidence of certification or licensure in Massachusetts.
- * Copies of transcripts from colleges indicating degrees awarded.

3. For Bus Driver positions include:

- * Copy of Massachusetts CDL License.
- * Copy of Massachusetts School Bus Driver Certificate.

Please note the following:

1. If an offer of employment is made and accepted, the East Longmeadow Public School District will complete and review a Criminal Offender Record Information (C.O.R.I.) form.
2. False or materially inaccurate information on this application will be cause for disqualification for employment or dismissal at any time after employment.
3. For bus driver positions:
 - * Completion of Drivers' Rights Notification Statement will be provided at interview.
 - * Applicant must pass a D.O.T. pre-employment physical and drug screening at district's occupational health facility.

This application will be kept on file for at least 30 days.

PERSONAL DATA

Last Name	First Name	Middle Initial
Current Home Address		Telephone
Current Business Address		Telephone

PROFESSIONAL EXPERIENCE:

Beginning with your most recent employment, please list all full or part-time experiences relating to this job application:

Dates From/To	# of Years	Position	School District or Organization	Street Address	Superior/ Supervisor

REFERENCES: (list 3 references below)

Give as references individuals who would have first-hand knowledge of your character, personality, and abilities. If you are an experienced teacher, list the names of superintendents, principals, or supervisors for whom you have worked. If a bus driver, supervisors from current and previous employers must be given. Reference letters should be included with the application materials.

NAME	POSITION	ADDRESS	TELEPHONE (include area code)
			()
			()
			()

APPLICANT INFORMATION ITEMS:

1. Date available to begin work? _____.
2. Are you legally authorized to accept employment in this country? _____.
3. Do you have reliable means of transportation to get to work on time each day? _____.
4. Are you physically able to perform all the performance responsibilities as outlined in the job description? _____.
5. Have you ever been convicted of a crime or are you a defendant to a criminal proceeding? _____.
6. Are you currently on "Lay-Off" or "Reduction In Force" (RIF) status and subject to recall from another job? _____.
7. Are you currently employed? _____.

READ CERTIFICATION AND RELEASE CAREFULLY BEFORE SIGNING:

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that East Longmeadow Public Schools will submit my name to the Criminal Systems History Board for a review and that reported evidence of a convicted crime may result in discharge. I also understand that I am to abide by all policies, rules and regulations of East Longmeadow Public Schools.

_____ Signature	_____ Date
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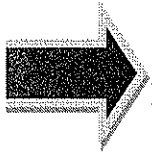
APPLICANT'S STATEMENT

I hereby state that the information given by me in this application is true in all aspects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I recognize that an unfavorable report from the Criminal History Systems Board (CORI) may be cause for immediate dismissal. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as personal references to release any personal information that may pertain to my work habits or work performance.

I understand that Massachusetts' laws may require, at some point in the selection process, that the information contained in this application be made available to the public. I understand also that the facts set forth herein will be subject to verification and publication.

Signature

Date



- *****
I. BUS DRIVER APPLICANTS CONTINUE TO PAGE 4 TO COMPLETE APPLICATION.
II. OTHER APPLICANTS CONTINUE COMPLETING APPLICATION BELOW.

WHAT CERTIFICATIONS/LICENSES DO YOU HOLD?

FIELD

STATE

CERTIFICATE NUMBER

FIELD	STATE	CERTIFICATE NUMBER

PROFESSIONAL PREPARATION:

UNDERGRADUATE:

INSTITUTION	DATES ATTENDED	SPECIALIZATION	DEGREE/DATE GRANTED

GRADUATE:

INSTITUTION	DATES ATTENDED	SPECIALIZATION	DEGREE/DATE GRANTED

ADDITIONAL:

INSTITUTION	DATES ATTENDED	SPECIALIZATION	DEGREE/DATE GRANTED

HONORS AND AWARDS:

(NOTE: EVEN THOUGH INFORMATION MAY BE REPEATED ON A RÉSUMÉ, PLEASE COMPLETE ALL BLANKS THAT RELATE TO DESIRED POSITION)

BUS DRIVER APPLICANTS ONLY

WHAT DRIVER LICENSES/PERMITS DO YOU HOLD?

STATE

EXPIRATION

LICENSE NUMBER

DRIVING EXPERIENCE:

Include all equipment, i.e., buses, trucks, truck tractors, semi-trailers, full trailers, etc.

DATES

EQUIPMENT

MOTOR VEHICLE ACCIDENTS:

Please list all motor vehicle accidents that you have been involved in for the three (3) years preceding this application. If None – please indicate.

Date

Nature of Accident: (brief description)

Fatalities

Personal Injuries

MOTOR VEHICLE VIOLATIONS:

Please list all motor vehicle violations (other than those involving parking violations) of which you were convicted or forfeited bond or collateral during the three (3) years preceding this application. If None – please indicate.

Date

Nature of Violation: (brief description)

Legal Action

OTHER INFORMATION:

While driving for your current or most recent employer, were you subject to the following:

1. Federal Motor Carrier Safety Regulations (Yes) _____ (No) _____
2. Drug and Alcohol Testing Requirements (Yes) _____ (No) _____

Applicant's Statement regarding Denial, Revocation, or Suspension of License:

Please check one of the following. If response is "Yes," please provide the facts and circumstances of such denial, revocation, or suspension in detail.

☐ No, I have not had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended.

☐ Yes, I have had a license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended.
(Please provide all facts and circumstances in detail below. If more space is necessary, please use a separate sheet of paper, sign that sheet of paper, and attach to this application).